

SMALL BUSINESS PROFILE

(Please type or print legibly)

Company Name _____	Year Company Started _____
Main Office Address _____	No. of Employees _____
City, State, Zip Code _____	No. of Minority Employees (optional) _____
Owner(s) _____	No. of Women Employees (optional) _____
_____	Telephone _____
Sales/Marketing Contact _____	Fax _____
Average 3-Year Annual Receipts _____	E-mail _____
Facilities in other locations (City, State) _____	Website _____
_____	Tax Id. No. _____
	Bonding Capacity _____

For the purposes of Hamilton County's Small Business Program, a small business is a business concern that is independently owned and operated, and meets the detailed definitions or size standards established by the Administrator of the Small Business Administration (SBA).

The size standards are expressed either in number of employees or annual receipts in millions of dollars (based on a three year average), unless otherwise specified. The number of employees or annual receipts indicates the maximum allowed for a concern and its affiliates to be considered small. Please refer to <http://www.census.gov/epcd/www/naics.html> or contact our office for the relevant primary North American Industry Classification System (NAICS) Codes. SBA size standards may be found

The business does not exceed the SBA size standard for the **Relevant Primary NAICS Code** indicated.

The **Relevant Primary NAICS Code** for the business is _____ (please list only one code here).
The code does not limit the type of contracts on which your business may bid.

Please mark the appropriate classification(s):

Small Business _____ Minority-Owned Business _____ Women-Owned Business _____

The business has been certified as a:

City of Cincinnati SBE _____	State of Ohio Dept of Transportation DBE _____
South Central Ohio Minority Business Council MBE _____	United States SBA 8(a) Business Development Program SDB _____
State of Ohio Dept of Administrative Services MBE _____ EDGE _____	Women Business Enterprise National Council WBE _____ SWBE _____

If certified, please provide copy of current certificate(s) or letter(s) of certification

Currently Doing Business with Hamilton County? Yes _____ No _____

Submit ORIGINAL completed form (do not fax) to:
Hamilton County
Office of Small Business Development
603 County Administration Building
138 East Court Street
Cincinnati OH 45202-1226
513-946-4323

Principal Product/Service: Manufacturing ____ Distribution ____ Service ____

Describe: _____

Geographical Area: _____

Technical/Trade Qualifications, Certifications or Special Equipment:

Customer References
(Company Name, Contact Person, and Telephone Number)

Products/Services Supplied

Oath and Affirmation (to be completed with a Notary Public present)

I affirm under penalty of perjury that the foregoing is true and accurate to the best of my knowledge and belief.

Signature of Owner/Principal/Officer

Title

Date

Printed Name

State of _____:

ss

County of _____:

Sworn to and subscribed in my presence this _____ *day of* _____, 20____.

Notary Public (signature)

(Seal)

My commission expires: _____

In order to verify any affirmations made, Hamilton County reserves the right to request additional information.